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•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/13/09--01040--002 **87.50



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COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT:	Aesthetic Physicians, PC			
		Name of Corporation – must include suffix			
Dear S	ir or Madam:				
"Certif	ficate of Existen	ation by Foreign Not for Profit Corporation for Authorization to Conduct its Afface", or "Cerificate of Good Standing" and check are submitted to register the about to conduct its affairs in Florida.			
Please	return all corres	spondence concerning this matter to the following:			
		Peggy L. Jones			
		Name of Person	⊣	~ ^	
			- Ga	2009 NOV 13 PM 1: 18	
		Aesthetic Physicians, PC	28	×	ALTAPON A
		Firm/Company		¥	********
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		ָר בַּי	IV.	-	
		3293 Harrison Blvd, Suite 230	₹		The same of the sa
•		Address	, Lu	æ	
		O. J UT 04400			
		Ogden, UT 84403 City/State and Zip Code			
		City/State and Zip Code			
		pjones@sonobello.com			
	E-n	nail address: (to be used for future annual report notification)			
For fur	ther information	n concerning this matter, please call:			
	Pegg	y Jones at (801) 399-5500 ext 1000			
		of Person Area Code & Daytime Telephone Number			
		•			
	MAILING AI	DDRESS: STREET/COURIER ADDRESS:			
	New Filing Se				
	Division of Co	orporations Division of Corporations			
	P.O. Box 6327				
	Tallahassee, Fl	L 32314 2661 Executive Center Circle Tallahassee, FL 32301			
Enclos	ed is a check for	the following amount:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & □ \$78.75 Filing Fee & ✓ \$87.50 Filing Fe	a _P		
」 ₩^\		Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy		٤	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

2. (State or cou	Utah under the law of which it is inc	3	(FI	26-2453337 Toumber, if applicable)			
4	April 23rd, 2009 Date of incorporation)	SS.	tion: Voer	Perpectual	Or Tectuch		
6. (Dete first cond	ducted affairs in Florida if prior to regi	01/01/2009 atracion. See sections (617.1301	& 617.1502, F.S. to determ			.)
7	3293 Harrison B	Ivd, Suite 230 C (Principal office add)gden, (iress)	JT 84403			
		PO Box 150248					
8.	Corporation authorized in home state	iposucition Clini	CS_	Accessed to the second	SE	200	
	corporation authorized in name state	_			SECRETARY LLAHASSE	EI AON GOEZ	
Name:	Business Filings Incorpora	ited			ന്ന	P	
Office Address:	1203 Governors Square B	Nd, Suite 101	•		FLORIDA	PH ::	C
	Tallahassec (City)	, Flori	ida	32301-2960 (Zip Code)	»	0 0	
Having been na designated in th further agree to	agent's acceptance; uned as registered agent and to a its application, I hereby accept th comply with the provisions of a ar with and accept the obligation	re appointment as U statutes relative i	tegistere: to the pro	i egeni and agree to a ner and complete nert	ici in this i	canacin	s. /

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agents signature) Drumpse Filinge Dropported.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Address.
Director:
Address:
7. Control of the con
B. OFFICERS
President: Thomas E. Garrison, MD
Address: 1725 29th Street
Ogden, UT 84403
Vice President: Thomas E. Garrison, MD
Address: 1725 29th Street
Ogden, UT 84403
Secretary: Thomas E. Garrison, MD
Address: 1725 29th Street, Ogden, UT 84403
Treasurer: Thomas E. Garrison, MD
Address: 1725 29th Street, Ogden, UT 84403
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. ME A
(Signature of Director or Officer listed in number 12 of the application)
14. Thomas E. Garrison, MD - President / Director (Typed or printed name and capacity of person signing application)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

11/06/2009 6988059-014411062009-3097460

CERTIFICATE OF EXISTENCE

Registration Number:

Business Name:

Registered Date:

Entity Type: Current Status: 6988059-0144

AESTHETIC PHYSICIANS, P.C.

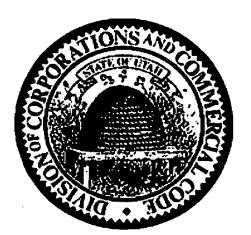
April 23, 2008

Corporation - Professional

Good Standing

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code